

OMB Control Number: 0703-0026, Exp _____

AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 3 hours and 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (OMB Control Number: 0703-0026). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to:

Commander
Naval Service Training Command
2601 A Paul Jones Street
Great Lakes, IL 60088

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.

1.*AUTHORITY*: The authority to request this information is contained in: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers).

2.*PRINCIPAL PURPOSE(S)*: The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program. The following systems of records notices cover the collection of this information: N01130-1 located at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570316/n01130-1.aspx>.

3.*ROUTINE USE(S)*: Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; and the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility. Information you provide in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission unless it comes with an exception to the Act or one of the routine uses in 32 C.F.R. § 701.112, <http://www.privacy.navy.mil/> and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

4.*DISCLOSURE*: The social security number (SSN) is required at the time of application to ensure proper identification of the applicants. There are times applicants have the same names, therefore the SSN is required to ensure proper identification. Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.

REQUEST FOR SECONDARY SCHOOL TRANSCRIPT

Applicant's full name (Last, First Middle) _____

Birth Date: _____ NROTC Program Option: _____

Social Security Number: _____

The student named above is applying for an NROTC Scholarship. Please complete this part of the form as accurately as possible. The Scholarship Selection Board uses a transcript of grades in reviewing an applicant's record.

1. In addition to courses taken (or in progress) and grades received, it is essential that the transcript reflect rank in class along with the most complete academic record to include test results such as NMSQT, CEEB's ACT's and other national examinations.
2. **IMPORTANT!** Please submit this information immediately.
3. Return completed form and a transcript signed or stamped by a high school official to the recruiting activity indicated on the self-addressed envelope provided (Also, include a profile of the graduating class, if possible.)
4. I authorize release of my high school transcript.

Signature Date: _____

1. Candidate's GPA: Weighted (ex. 999.99) _____ Unweighted (ex. 9.99) _____

2. GPA Scale: Weighted (ex. 999.9) _____ Unweighted _____

3. Rank in Class (Approx. to nearest 10th from top): _____ Exactly or Approximately

Rank from Top: _____ No. in Class: _____

4. % Grad Class Expected to Enter: 4-Year College: _____ 2-Year College: _____

5. School ETS Code: _____

6. Did this student take any:

Type of Class	Yes	No	Not Offered
Honors Courses			
Accelerated Courses			
Advanced Placement Courses			
Dual Enrollment Courses			
International Baccalaureate			

7. Are all honors, accelerated and advanced placement courses given extra credit in computing GPA:

	Yes	No
Rank in Class		
Grade Averages		

8. Did the student receive any academic accommodations? (i.e., extra time on tests, established 504 plan): Yes/No
If yes, please list the type of academic accommodations received and the school year(s) received.

9. Is applicant from minority group or disadvantage background? Yes/No
If yes, which? Minority/Disadvantaged (specify in comment area)

10. Official School Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
School Telephone (Include area code) _____

11. Ranking Period: From _____ to _____
Indicate how grade point average and rank were determined if profile is not available.

12. If rank is not available, please indicate placement by percentile below:

<input type="checkbox"/>	Top 5%
<input type="checkbox"/>	Top 10%
<input type="checkbox"/>	Top 20%
<input type="checkbox"/>	Top 30%
<input type="checkbox"/>	Top 40%
<input type="checkbox"/>	Top 50%
<input type="checkbox"/>	Lower 50%

13. Comment: (Additional information which may be significant in considering applicant).

Date Title Signature Print Name